

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S) <i>10/563387</i>			
CLAIMS									
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1								
2		1							
3		1							
4		1							
5		1							
6		1							
7		1							
8		7							
9		7							
10	1								
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12		1							
13		3							
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50									
TOTAL IND.	2	↓		↓		↓			
TOTAL DEP.	28	←		←		←			
TOTAL CLAIMS	30								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT				
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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100									
TOTAL IND.		↓		↓		↓			
TOTAL DEP.		←		←		←			
TOTAL CLAIMS									